

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/857963**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		14				
6		4				
7		4				
8		31				
9		10				
10		10				
11		10				
12		10				
13		10				
14		10				
15		10				
16		10				
17		1				
18				1		
19				2		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
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29				1		
30				1		
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48						
49						
50						
TOTAL IND.	1	0	1	0		0
TOTAL DEP.	15	0	14	0		0
TOTAL CLAIMS	16	0	15	0		0

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS		0		0		0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS